

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Am G		91/4/00
O.I.P.E. CLASSIFIER		12	1/19
FORMALITY REVIEW	Z	5C951	1C 20-0
RESPONSE FORMALITY REVIEW	Rm	F81	04-20-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

BEST AVAILABLE COPY

Claim	Date
1	1/10/01
2	1/29/02
3	✓
4	✓
5	✓
6	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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